

PATIENTS' VIEWS ON HEALTHCARE INTEGRATION

Mykhailo D. Diachuk

State Institution of Science «Center of innovative healthcare technologies» State Administrative Department, Kyiv, Ukraine

Abstract

Introduction. Integrated medical care is a component of its quality and a priority direction of the current stage of development of healthcare systems. Patient perception of the integration of medical services is one of the indicators of achieving quality by healthcare institutions.

Aim. To investigate whether medical care for patients is integrated according to the components of integration.

Materials and methods. Answers to open questions (questionnaire); notes during the survey; scientific literature sources (19 units). Methods: semi-structured in-depth interview with 25 patients of the State Institution of Science «Center of innovative healthcare technologies» State Administrative Department, Kyiv, Ukraine; data analysis; generalization of results.

Results. It was established that patients generally consider medical care to be person-oriented, the exchange of information with the doctor is satisfactory, information is available to the patient, the transfer of the patient under supervision between medical workers of the studied institution is coordinated, and the cooperation of medical workers is harmonious. At the same time, not all patients participate in the development of a treatment plan; training patients in self-control measures is not always carried out, and patient surveys regarding their satisfaction with the medical care received are not always conducted. Not all patients can afford treatment with original drugs due to their high cost. Discordance of medical care in the interaction of the State Institution of Science «Center of innovative healthcare technologies» State Administrative Department with other healthcare institutions was revealed, which is confirmed by the untimely transfer of information about the patient from them.

Conclusions. Certain problems in the integration of medical care were identified in the studied healthcare institution, as well as at the network and industry levels, which require their solution.

Keywords: quality of medical care, treatment plan, information, self-control, coordination, medicines, cooperation of doctors

INTRODUCTION

Integrated healthcare, focused on people having access to health services according to their needs, is recognized as a priority direction at the current stage of development of healthcare systems on their way to improving the quality of healthcare. The need for integration is due to gaps and fragmentation in healthcare systems that have hindered and continue to hinder ensuring comprehensive access to healthcare for people without financial difficulties and physical barriers [1, 2].

The World Health Organization defines integrated health services as those that ensure that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, rehabilitation and palliative care services, coordinated at different levels and in different

settings of healthcare, within and outside the health sector, and in accordance with people's needs throughout the life course [3].

The World Health Organization proposed and developed the Global Strategy for Integrated People-Centered Care Systems for 2016-2026, which includes the active involvement of health service users – patients. The increasing dependence of population health on the processes of aging, urbanization, migration, the consequences of the impact of numerous armed conflicts and risk factors leads to the predominance of non-communicable diseases, mental disorders and injuries in the structure of the disease burden. These diseases are mostly chronic, requiring long-term treatment, constant care and social support. The problem is complicated by the fact that patients often suffer from several diseases.

That is why the patient's participation in the treatment and diagnostic process as a full partner and their perception of the integration of medical services affect the results of treatment and consumer satisfaction with medical care [4].

In view of the above, information obtained directly from patients regarding their views on the integration of medical care they receive in a healthcare facility and their participation in the treatment and diagnostic process is important.

AIM

To investigate whether medical care for patients is integrated. Objectives: to obtain information from patients whether medical care is person-centered; how information is exchanged between the patient and medical professionals; how the transition of activities between different medical professionals and practices in relation to the patient occurs; how cooperation is established between practicing doctors.

MATERIALS AND METHODS

The following research methods were selected: semi-structured in-depth interview; data analysis; generalization of results. Research materials: answers to open-ended questions (questionnaire), supplemented by notes during the survey. The list of open-ended questions was formed based on questionnaire data [5, 6], which offer the main topics for researching patients' experiences with integrated medical care. The selected topics concerned the patient's view of whether the medical care provided to them is person-oriented, how information is exchanged between the patient and the doctor and its accessibility to the patient, how the patient's observation is transferred between different medical professionals and healthcare institutions, how cooperation occurs between doctors of the outpatient clinic/department who provide medical care to the patient in the institution where they are observed. It should be noted that the patients needed clarifying questions regarding the content of the definitions of «person-oriented medical care» and the topic of «information exchange», which was explained to them immediately before and during the interview. Scientific literature sources (19 units) were also selected as materials for the study.

The selection of respondents was carried out among patients of the State Institution of Science «Center of innovative healthcare technologies» State Administrative Department, Kyiv, Verkhnia St., 5, and patients of the surgical hospital No. 2 of the Center for Inpatient Care of the same institution, located in Chernivtsi.

The State Institution of Science «Center of innovative healthcare technologies» State Administrative

Department, Kyiv, is a scientific institution where primary and specialized (outpatient and inpatient) medical care is provided, and scientific and educational activities are conducted. The structure of the State Institution of Science «Center of innovative healthcare technologies» State Administrative Department includes an emergency medical department, medical outpatient clinics No. 1, No. 2 of the Primary Medical Care Center, and 21 clinical and diagnostic departments, including surgical hospital No. 2 of the Inpatient Care Center, located in the city of Chernivtsi. The extensiveness of the institution and the large number of structural divisions, as well as the combination of different types and levels of medical care, allowed us to put forward a hypothesis about possible discordance in the activities of medical specialists and prompted us to conduct a study on the patients' vision of the integration of medical care in this institution.

The in-depth interview was conducted during January-February 2025, with a total of 25 patients participating.

Data collection was carried out by an interviewer – a research assistant, who was sufficiently qualified to conduct interviews, as he had experience in this field and a PhD in Social Medicine. The interviewer was not personally familiar with the respondents, which precluded the researcher from obtaining information by prior arrangement with the survey participants.

The study was conducted in a comfortable room adapted for interviews with good lighting and low noise levels. The procedure involved the interviewer getting to know the respondent, explaining the purpose of the study, the scientific and practical use of the information obtained, and obtaining informed written consent to participate in the study. The interview lasted up to 40 minutes.

The survey format allowed for receiving information directly from the respondent, enabling them to answer in an arbitrary form and ask the interviewer clarifying questions.

The answers were recorded by the interviewer by hand, fixing key words, phrases and their most important parts. All records after the interview were transferred to separate electronic Microsoft Office Word files with respondent numbering. Those answers that the interviewer remembered but were not recorded were added, which achieved maximum reliability and completeness of the information. Upon completion of the study, the author carefully studied the received texts with a step-by-step process of open coding. Open codes were grouped by themes, categories and subcategories.

RESULTS

Topics, categories and subcategories with the number of patients who provided answers are given in Table 1.

Topics, Categories, and Subcategories with the Number of Doctors Who Responded

| № | Topic, category, and subcategory name | Number of patients who responded (абс., %) |
|-------|--|--|
| 1 | Can you describe the medical care at this facility as focused on your personal health problems (clarifying questions: trust in your doctor; participation in developing a treatment plan as you wish; teaching self-control and self-help measures; interest in your opinion regarding satisfaction with treatment)? | |
| 1.1 | I trust my doctor | |
| | fully | 21 (84.0) |
| | I trust him, but I consult with other doctors. | 4 (16.0) |
| 1.2 | I participate in the development of the treatment plan in the way I wish. | |
| | always | 10 (40.0) |
| | I participate, but my wishes are not always taken into account. | 15 (60.0) |
| 1.3 | I was trained in self-monitoring and self-help measures in case of worsening clinical condition. | |
| | always conducted training before the end of outpatient or inpatient treatment | 8 (32.0%) |
| | performed in most cases after the end of treatment | 10 (40.0%) |
| | conducted irregularly | 7 (28.0%) |
| 1.4 | During and after treatment, medical professionals ask me if I am satisfied with the medical care I received. | |
| | always ask | 13 (52.0%) |
| | more often asked than not | 4 (16.0%) |
| | this doesn't always happen | 6 (24.0%) |
| | this happens sometimes | 2 (8.0%) |
| 2 | How is information exchanged between you and the doctor (clarifying questions: exchange of oral, written information, or using electronic resources; is there conflicting information from different doctors; your interest in clinical medical care protocols for your illness)? | |
| 2.1 | Doctors provide me with recommendations during outpatient treatment/inpatient treatment or after discharge in a language I understand. | 25 (100.0) |
| 2.2 | I was faced with a situation where different doctors gave me conflicting advice on the same issue regarding my health. | |
| 2.2.1 | This has never happened before at this establishment. | 25 (100.0) |
| 2.2.2 | sometimes it happened, but with doctors from other institutions where I was treated or examined | 16 (64.0) |
| 2.3 | I am interested in information regarding my illness from clinical treatment protocols (international, domestic, or those developed in the hospital) | |
| 2.3.1 | I'm never interested. | 25 (100.0) |
| 2.4 | I have the opportunity to meet/call/email a doctor or other healthcare professional at this facility to obtain information related to my health. | 25 (100.0) |
| 2.5 | The doctor always informs me about the quality of medicines and their cost so that I can choose the ones that are available to me. | |
| 2.5.1 | the doctor always provides such information, and I choose original drugs for treatment | 16 (64.0) |
| 2.5.2 | The doctor always provides this information, but I choose medications based on my financial capabilities. | 9 (36.0) |
| 3 | How is your care/care transferred between different healthcare providers and facilities? | |
| 3.1 | I receive referrals from doctors at this facility for consultation and/or hospitalization, if necessary. | 25 (100.0) |
| 3.2 | I receive a discharge from my outpatient card, if necessary, or after inpatient treatment. | |
| 3.2.1 | In this institution, I always receive a discharge after treatment, and I add it to my archive. | 25 (100.0) |
| 3.2.2 | It is not always possible to obtain discharge documents from other institutions. | 8 (32.0) |
| 3.3 | I waited in line for a scheduled hospitalization for some time over the past year when I needed inpatient treatment. | |
| 3.3.1 | there was no queue | 22 (88.0) |
| 3.3.2 | expected within 1 month | 3 (12.0) |
| 4 | In your opinion, how is the cooperation between the doctors of the outpatient clinic/department who provide you with medical care in this institution? | |
| 4.1 | All the different people who treat and care for me work well together. | 25 (100.0) |
| 4.2 | I have not encountered situations where there were conflicts between medical professionals in my presence and other patients. | 17 (68.0) |
| 4.2.1 | observed conflicts, but very rarely | 8 (32.0) |

Coding the answers to the first question allowed us to distinguish two subcategories: complete trust in the doctor, which was indicated by patients, recognizing their professional level, attention, caring, long-standing established relationships, and thus completely trusting

their doctor («I became friends with all the doctors, because everyone is attentive and friendly»; «The dose of the drug was adjusted several times, they explained why. I agreed because I trust our doctors»; «I am satisfied with your doctors, they are very attentive, explain everything,

carefully read my medical documents. They spend a lot of time on me, more than they are allotted». There were a majority of such patients – 21 (84.0%) people. Individual answers – from 4 (16%) people – showed that patients also trust their doctors, but for «confidence in assessing the situation with my health and in order to prevent errors in the treatment plan, I communicate with other specialists to make sure that the medical prescriptions are correct». The category «I participate in developing the treatment plan as I wish» also divided the patients' answers into affirmative ones – from 10 (40.0%) people, and from 15 (60.0%) respondents, the answers meant that despite participating in developing the treatment plan, the patients' wishes are not always taken into account.

Therefore, the opinion of these patients was that involvement in the development of the treatment plan «is formal», or «the doctor cannot take them into account because they do not comply with medical rules», or «these wishes cannot be taken into account due to certain reasons that were not communicated to me (the patient)», or «the doctor knows better», so he makes the decision himself.

According to the category of training in self-control and self-help measures in case of worsening of the clinical condition, three subcategories of patient responses were distinguished depending on the frequency of training: according to 8 (32.0%) patients, it became known that they were always trained before the end of outpatient or inpatient treatment; according to the responses of 10 (40.0%) patients, training was conducted more often than not, and the responses of 7 (28.0%) respondents indicated that training was conducted irregularly. The reasons for irregular training were considered by patients to be «lack of time for doctors», «expectations of hospital doctors that primary care doctors will do this», as well as the fact that «patients have chronic diseases, and therefore sufficient experience in self-management of them», therefore «it is not necessary to conduct training again, you (i.e. the patient) already know everything».

The next category of questions was to investigate whether healthcare professionals ask patients about their satisfaction with medical care during and after treatment. The patients' responses were also divided into the following subcategories: 13 (52.0%) patients reported that they were always asked; 4 (16.0%) patients decided that they were asked more often than not; 6 (24.0%) respondents said that this did not always happen, and 2 (8.0%) said that they were asked only sometimes. Patients who fell into the subcategories of not always or only sometimes being asked expressed their opinion that this was «not yet an established practice, and that it is only gradually improving»; that «it is not necessary to ask, because in the case of a positive treatment outcome, the patient always says 'thank you', so it is clear that he is satisfied»; and that if a regular visitor with a chronic illness were dissatisfied, «he would turn to another healthcare facility».

The category with the question «How is the exchange of information between you and the doctor» was ambiguous in terms of answers. All patients reported that doctors provide them with recommendations during treatment or after discharge in a language they understand, explaining in detail what medications to take, what are the results of examinations, what are the pathological changes in the body: «All the information is exhaustive, there is no need to look for any other and from anyone else»; «The discharge is very detailed, with all the studies. I have no shortage of information, and I am completely satisfied with this algorithm»; «Doctors involved in treatment, even if they work in different structural units, have never provided contradictory advice on the same issue regarding my health». However, 16 (64.0%) patients observed differences in the examination data, prescriptions of medicines from doctors from other healthcare institutions: «I had cases when I wanted to check how the prescriptions of different doctors in different institutions coincided. There was no fundamental difference, I understand that each institution has its own equipment, doctors have their own experience»; «The approaches are the same, but there was a certain difference».

Regarding the interest and use of clinical treatment protocols (international, domestic, or those developed in the hospital) by patients, all respondents unanimously answered that they do not use them and are not interested, because «... this is the doctors' business. But I know that you can't treat everyone only according to the protocol, because each person is unique. You can't fit everyone under one protocol. The doctor must see the patient and prescribe treatment according to his condition»; «I don't read medical instructions and protocols, because I can't understand them, I follow the doctors' recommendations»; «I don't read clinical protocols, because they are written in a specific language, medical, I can't understand them»; «Doctors say that they treat according to the protocols, and this adds confidence in the correctness of the treatment».

All respondents also confirmed that they have various forms of communication with a doctor or other medical professional, that is, they have the opportunity to meet/call/write an e-mail in order to receive information related to their health («Contacts with the doctor and nurses are constant, and they contact my mother, they provide all the information»).

Patients indicated that the doctor always informs them about the quality of medicines, which is higher than original drugs, but they have a higher cost, so 16 (64.0%) of the respondents can afford such drugs («I use advice to choose quality medicines, I can afford them, although they are not cheap», «Doctors prescribe medicines to me and explain why it is advisable to use this medicine. I believe that they have studied and have experience, so the prescriptions are correct and should be followed», «I am treated at my own expense, my family helps, but health

is more expensive. Of course, if the state helped, it would be better»); the rest – 9 (36.0%) – choose drugs based on their own financial capabilities.

When asked in the category «How is your transfer for observation/medical care between different medical professionals and healthcare institutions?» regarding the institution where the study was conducted, all respondents unequivocally reported that referrals for consultation and/or hospitalization, discharge summaries from outpatient records, or after treatment in the hospital of the State Institution of Science «Center of innovative healthcare technologies» State Administrative Department are received necessarily and on time. However, at the same time, 8 (32.0%) respondents indicated that it is not always possible to obtain discharge documents from other institutions («We will send them to you after discharge», «We will transfer them to your hospital»), but discharge documents were never received.

Respondents noted that within the SIS «СИТ» SAD, patient traffic has also been successfully established, which is very convenient and does not cause delays: «... they told me that I needed to be taken to another hospital's inpatient unit immediately. They put me in a wheelchair, which was unusual for me, but they explained that it was necessary because the ECG data were very bad. They examined me quickly here, took all the tests and redirected me to another hospital with an escort... I did not experience any delays, everything was prompt and fast»; «Nurses accompany me around the facility, which is very convenient. Each appointment is planned, I know when and to whom I should come. I make an appointment through the reception, and the doctor tells me when a scheduled visit is needed»; «Nurses accompanied me to different doctors so that I would not get lost in the corridors». All respondents required planned hospitalization during the last year, 22 (88.0%) of the respondents were hospitalized without a waiting list, 3 (12.0%) patients waited up to 1 month. From the experience of patients communicating with other healthcare institutions, complaints were expressed about obstacles in access to medical care («You can get a consultation with your doctors in a short period of time, but in the hospital ... or in several other hospitals ... to get to a specialist ..., you have to wait 1-2 months»).

The last topic included a category with the question «How, in your opinion, is the cooperation between the doctors of the outpatient clinic/department who provide you with medical care in this institution?». Respondents unanimously answered that in their opinion, the cooperation of all medical workers involved in providing them with medical care is well-established, but at the same time – according to the opinion of only 8 (32.0%) of respondents – conflicts between medical workers in their presence and in the presence of other patients were very rarely observed.

Thus, according to the interview data, in general, the integration of medical care is observed in the studied healthcare institution. However, certain problems were identified, confirmed by the patients' responses: patients are not always involved in developing a treatment plan; patients are not always trained in self-monitoring measures for their clinical condition after discharge from outpatient/inpatient treatment; medical workers are not always interested in the opinion of patients regarding their satisfaction with the medical care received; medicines are not always available to patients due to their high cost; transfer of patient information from other healthcare facilities may be untimely or not occur at all.

DISCUSSION

The results showed that patients generally endorsed the integration of care in the study setting, with some exceptions.

Triangulation of the findings across research studies and meta-analyses showed that patient-centered care is best achieved when clinicians involve patients in discussions and decisions about their clinical care. In twelve semi-structured interviews, physicians described gaining patients' trust as crucial to effective patient care, with some saying it was as important as medical knowledge [7-9].

Interventions should be tailored to patients' needs and may include strategies to improve patient knowledge about the disease or treatment, monitoring symptoms, encouraging self-management and self-monitoring of their clinical condition in response to worsening symptoms or exacerbations, and increasing patient responsibility for medication adherence and lifestyle choices [10].

Patient satisfaction is defined as the response to daily hospital care and its quality. Measuring the quality and satisfaction of healthcare allows us to focus on patient preferences, enabling physicians to tailor healthcare services that better meet patients' needs and expectations [11].

The doctor-patient relationship is an important part of the healthcare visit and can make a difference in patient outcomes. Therefore, it is important for physicians to recognize when the relationship is in doubt or failing. When the relationship is in trouble or deteriorating, physicians must be able to recognize the reasons for the relationship breakdown and make decisions to improve care [12].

Communication helps providers build relationships with patients that benefit patient-centered outcomes. Information exchanged between the physician and patient can inform clinical and diagnostic decisions [13].

Patient knowledge of prescribed medications is vital to reduce errors and improve patient adherence to treatment. Medication information should be tailored to the individual needs of patients. The quality of medication information in terms of accessibility, completeness,

reliability, and understanding can improve the relationship between the patient and the healthcare provider [14, 15]. Overall, the most common information needs of patients are information about the disease or health condition and treatments, and the most common sources of information are the Internet and physicians. Patients generally prefer the Internet because of its easy access to information, but they trust their physicians more because of their clinical knowledge and experience [16].

Long waiting times for admissions, hospitalizations, diagnostic procedures, and treatment delays negatively impact the patient experience and can reduce the quality of care. There is not only a demand from patients, but also a general public interest in improving access to care and service delivery [17]. Results from a meta-analysis and a survey of 1266 respondents have shown that collaboration between physicians improves clinical outcomes, patient safety, care coordination, patient access to care, patient and staff satisfaction, while errors and length of stay in bed are reduced [18, 19].

CONCLUSIONS

Patients confirmed a high level of integration of medical care in the studied healthcare institution. At the same time, certain problems were identified that it is desirable for middle managers to work on: involving patients in the development of a treatment plan; training patients in self-monitoring measures of their clinical condition after discharge from outpatient/inpatient treatment; surveying patients regarding their

satisfaction with the medical care received. The high cost of medicines showed a financial barrier to treating patients due to economic problems in the field of healthcare. Discoordination of medical care was identified due to violations of the transfer of information about the patient from other healthcare institutions.

Prospects for further research are to identify in more detail the problems of integration and coordination of medical care at the level of the network of healthcare institutions and at the system level.

COMPLIANCE WITH ETHICAL REQUIREMENTS

The author has complied with the ethical standards of scientific citation. The following data are indicated in the references to primary sources: title, publication, year, volume, issue and page numbers. The manuscript was approved and recommended for publication at the meeting of the Ethics Committee of the State Institution of Science «Center of innovative healthcare technologies» State Administrative Department (minutes No. 3 dated March 10, 2025).

FUNDING AND CONFLICT OF INTEREST

The funding of the research and publication of the article was provided by the author.

AUTHOR CONTRIBUTIONS

Diachuk M. D.^{A-F}

REFERENCES

1. Garattini, L., Badinella, Martini, M., Nobili A. (2022). Integrated Care in Europe: Time to Get it Together? *Appl Health Econ Health Policy*. 20(2),145-147. <https://doi.org/10.1007/s40258-021-00680-2>
2. Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care (2018). Geneva: World Health Organization. 74 p. <https://iris.who.int/bitstream/handle/10665/272357/9789241565561-eng.pdf?sequence=1>
3. World Health Organization. Services organization and integration. <https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/service-organizations-and-integration>.
4. WHO global strategy on integrated people-centred health services 2016-2026 (2015). Executive Summary. Placing people and communities at the centre of health services. World Health Organization. 18 p. <https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf>
5. Elwyn, G., Thompson, R., John, R., Grande, S. W. (2015). Developing IntegRATE: a fast and frugal patient-reported measure of integration in health care delivery. *Int J Integr Care*, 15, e008. <https://doi.org/10.5334/ijic.1597>
6. Joobar, H., Chouinard, M. C., King, J., Lambert, M., Hudon, É., & Hudon, C. (2018). The Patient Experience of Integrated Care Scale: A Validation Study among Patients with Chronic Conditions Seen in Primary Care. *International journal of integrated care*, 18(4), 1. <https://doi.org/10.5334/ijic.4163>
7. Grover, S., et al. (2022). Defining and implementing patient-centered care: An umbrella review. *Patient Educ Couns*, 105(7), 1679-1688. <https://doi.org/10.1016/j.pec.2021.11.004>
8. Greene, J., Wolfson, D. (2023). Physician Perspectives on Building Trust with Patients. *Hastings Cent Rep*, 53, Suppl 2:S86-S90. <https://doi.org/10.1002/hast.1528>

9. Luo, Y., et al. (2023). How about trust in physician-patient relationship? A concept analysis of physicians' perspectives. *Patient Educ Couns.*, 112, 107709. <https://doi.org/10.1016/j.pec.2023.107709>
10. Dineen-Griffin, S., Garcia-Cardenas, V., Williams, K., Benrimoj, S. I. (2019). Helping patients help themselves: A systematic review of self-management support strategies in primary health care practice. *PLoS One*, 14(8), e0220116. <https://doi.org/10.1371/journal.pone.0220116>
11. Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P, Varela, M. (2023). Patient Satisfaction with Healthcare Services and the Techniques Used for its Assessment: A Systematic Literature Review and a Bibliometric Analysis. *Healthcare (Basel)*, 11(5), 639. <https://doi.org/10.3390/healthcare11050639>
12. Chipidza, F. E., Wallwork, R. S., Stern, T. A. (2015). Impact of the Doctor-Patient Relationship. *Prim Care Companion CNS Disord.*, 17(5), 10.4088/PCC.15f01840. <https://doi.org/10.4088/PCC.15f01840>
13. Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Serv Res*, 886. <https://doi.org/10.1186/s12913-023-09869-8>
14. T R, I U H, M Y M, P G. (2022). Patients' knowledge about medicines improves when provided with written compared to verbal information in their native language. *PLoS One*, 17(10), e0274901. <https://doi.org/10.1371/journal.pone.0274901>
15. Bekker, C. L., Mohsenian Naghani, S., Natsch, S., Wartenberg, N. S., van den Bemt, B. J. F. (2020). Information needs and patient perceptions of the quality of medication information available in hospitals: a mixed method study. *Int J Clin Pharm.*, 42(6), 1396-1404. <https://doi.org/10.1007/s11096-020-01125-x>
16. Clarke, M. A., Moore, J. L., Steege, L. M., Koopman, R. J., Belden, J. L., Canfield, S. M., Meadows, S. E., Elliott, S. G., & Kim, M. S. (2016). Health information needs, sources, and barriers of primary care patients to achieve patient-centered care: A literature review. *Health informatics journal*, 22(4), 9921016. <https://doi.org/10.1177/1460458215602939>
17. Ala, A., & Chen, F. (2022). Appointment Scheduling Problem in Complexity Systems of the Healthcare Services: A Comprehensive Review. *J Healthc Eng.*, 2022, 5819813. <https://doi.org/10.1155/2022/5819813>
18. Bendowska, A., Baum, E. (2023). The Significance of Cooperation in Interdisciplinary Health Care Teams as Perceived by Polish Medical Students. *Int J Environ Res Public Health.*, 20(2), 954. <https://doi.org/10.3390/ijerph20020954>
19. Braam, A., Buljac-Samardzic, M., Hilders, C. G. J. M., van Wijngaarden, J. D. H. (2022). Collaboration Between Physicians from Different Medical Specialties in Hospital Settings: A Systematic Review. *J Multidiscip Healthc.* 15, 2277-2300. <https://doi.org/10.2147/JMDH.S376927>

Резюме

ПОГЛЯД ПАЦІЄНТІВ НА ІНТЕГРАЦІЮ МЕДИЧНОЇ ДОПОМОГИ

Михайло Д. Дячук

Державна наукова установа «Центр інноваційних технологій охорони здоров'я» Державного управління справами, м. Київ, Україна

Вступ. Інтегрована медична допомога вважається складовою її якості та пріоритетним напрямком на сучасному етапі розвитку систем охорони здоров'я. Сприйняття пацієнтом інтеграції медичних послуг слугує одним із вказівників досягнення якості закладами охорони здоров'я.

Мета. Дослідити, чи є медична допомога пацієнтам інтегрованою за складниками інтеграції.

Матеріали та методи. Відповіді на відкриті запитання (анкету); записи під час опитування; наукові літературні джерела (19 од.). Методи: напівструктуроване глибинне інтерв'ю серед 25 пацієнтів Державної наукової установи «Центр інноваційних технологій охорони здоров'я» Державного управління справами (ДНУ «ЦІТОЗ» ДУС); аналіз даних; узагальнення результатів.

Результати. Установлено, що пацієнти загалом підтвердили особистісно-орієнтований характер медичної допомоги, задовільний обмін інформацією з лікарем та доступність інформації для пацієнта, скоординовану передачу пацієнта під нагляд між медичними працівниками досліджуваного закладу та їх злагоджену співпрацю при наданні медичної допомоги. Водночас не всі пацієнти долучаються до розробки плану лікування; не завжди проводиться навчання з пацієнтами заходам самоконтролю свого клінічного стану після виписки з амбулаторного/стаціонарного лікування та опитування пацієнтів стосовно їх задоволеності одержаною медичною допомогою. Не всі пацієнти можуть дозволити собі лікування оригінальними препаратами внаслідок їх високої вартості. Виявлена дискоординація медичної допомоги при взаємодії ДНУ «ЦІТОЗ» ДУС з іншими закладами охорони здоров'я внаслідок порушень передачі від них інформації про пацієнта.

Висновки. Виявлені окремі проблеми в забезпеченні інтеграції медичної допомоги в досліджуваному закладі охорони здоров'я, а також на мережевому та галузевому рівнях, що потребує свого вирішення.

Ключові слова: якість медичної допомоги, план лікування, інформація, самоконтроль, координація, лікарські засоби, співпраця лікарів

Received: 8.12.2025

Accepted: 11.02.2026